

IRIS – Immunization Program Lucas State Office Bldg, $5^{\rm th}$ Flr $321~{\rm E}~12^{\rm th}$ Street

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Fax: (800)831-6292

Web: www.idph.state.ia.us/ImmTB/Immunization.aspx

Authorized Individual User Agreement

To be kept on file with Admin User onsite

lowa's Immunization Registry Information System (IRIS) is a statewide database of immunization histories for the purposes of reminding patients of needed immunizations, facilitating vaccine inventory management, and providing organizations with the ability to search for and update patient records and to assess the need for immunizations.

In order to participate in IRIS, this Individual User must agree to the following:

- 1. Only access immunization information in IRIS for individuals under their care.
- 2. Read and abide by the IRIS Confidentiality Policy.
- 3. Use IRIS consistent with the IRIS Confidentiality Policy and Iowa law (Iowa Code § 22.7(2) and 641IAC Chapter 7).
- 4. Abide by all IRIS security policies and procedures, including safeguarding user name(s) and password(s) against unauthorized use.
- 5. Agree not to impose a charge or fee to the patient for use of IRIS or for any information obtained from IRIS.
- 6. Access records by only using the user's personal user name and password.

Failure to abide by this agreement may result in immediate termination, suspension or revocation of access to IRIS.

First Name:		_Middle Initial:	Last Name:
Name of Site/Organization	:		
Physical Address:			City, State, Zip
Mailing Address:			City, State, Zip
Phone:	Fax:		Email:
Primary Contact/Admin Us	er Name:		
Title: Phor	ne:	Email:	
		•	he organization's Admin User. n accordance with Iowa law:
Signature of User:			Date:
Signature of Admin User: _			Date:
Note: This form must be kept For Tracking Purposes Only	=		o Immunization Program staff by request for audit purposes.
Username Assigned:		Date Activated:	IRIS Clinic ID Number:
User Terminated/Deactivate	ed: 🗖 Date	:	